



Form B: for office use only
 Birth Certificate: ____
 Baptismal Certificate: ____
 First Communion: ____

New Student Information 2010 - 2011

Student's last name: _____ First _____ Middle _____

Last school attended: _____ Years attended: _____

Reason for transfer: _____

Address of former school: _____

City: _____ State: _____ Zip: _____

Telephone number of former school: _____ Contact Name _____

Financial Responsibility: (The person or persons who will be personally responsible for all fees, tuition, and other expenses related to the child listed above.)

Name: _____ Relationship to Student: _____

Telephone: _____ Cell: _____ Street: _____

City: _____ State _____ Zip: _____

Please check appropriate designations:

Ethnicity	Student	Father	Mother
Native American			
Asian			
Black/African American			
Hispanic			
White/Non-Hispanic			
Other			

Religion	Catholic, yes or no	Christian, Specify denomination	Other, please specify
Student's religion			
Father's religion			
Mother's religion			
Stepfather's religion			
Stepmother's religion			

If family is Catholic, please specify parish: _____

Parish address: _____ City: _____ Zip: _____

If the student is Catholic, please continue with next section. Otherwise, please proceed to Birth Certificate section.

Dates of sacraments received at a Catholic church: (If sacraments were not received at St. Mary's, sacramental certificates must be provided at time of registration.)

	Date	Parish	Location of Parish
Baptism			
Reconciliation/Confession			
First Communion			
Confirmation			

Birth Certificate: A copy of a government issued Certificate of Birth is required at the time of registration. Hospital issued certificate is not acceptable.

Student Services and Health

In order to meet the academic, psychological, physical, and health needs of our students, it is essential that we have all relevant evaluations and/or records for our students.

Does the student have any allergies or physical/health disabilities? _____ If so, please explain.

Has the student ever received an outside educational and/or behavioral evaluation or IEP? If yes, please explain.

Has the student ever received special services, such as speech, social/emotional, or occupational therapy, etc.? _____ If yes, please explain.

Documentation from a qualified professional is required for student accommodations and should either be enclosed with this form or sent directly to the Admissions Office. Please make note below if the student requires remediation or modifications based upon formal testing.

If your son or daughter is transferring from another school, we must have a signed release of information form and all records prior to the child's first day.

Extended Day:

Children may participate in both our before and after school programs. Please indicate below if you would like information regarding these programs.

_____ Morning extended day _____ After school extended day

I hereby certify that the information included in this form is complete and accurate.

Signature of parent or guardian: _____ Date: _____